

Visitation - Family Contact Progress Note

Date: _____

Youth's Name: _____ Client ID#: _____ Dorm: _____

Parent/Guardian: _____ Phone #: () - _____

Address: _____

Check and complete only those that apply:

Problem/Concern(s)	Action Taken	Follow Up Needed
<input type="checkbox"/> Requests to speak to child=s counselor		
<input type="checkbox"/> Requests status report on child=s adjustment		
<input type="checkbox"/> Medical concerns		
<input type="checkbox"/> Allegation of Excessive Force/Abuse		
<input type="checkbox"/> Requests visitation rules clarified/copy of form/rules		
<input type="checkbox"/> Complaint regarding family member(s) not on visiting list/requests list of approved visitors		
<input type="checkbox"/> Pre-release planning/concerns		
<input type="checkbox"/> Educational concerns		
<input type="checkbox"/> Phone list complaints/update procedure		
<input type="checkbox"/> Early release/furlough recommendation procedure		
<input type="checkbox"/> Transfer request		
<input type="checkbox"/> Clothing, food, and/or safety concerns		
<input type="checkbox"/> Other		

Comments:

Attachments: (check those that apply)

<input type="checkbox"/> UOR	<input type="checkbox"/> Youth's Witness Statement	<input type="checkbox"/> Visitation Forms
<input type="checkbox"/> Mandatory Reporters Report	<input type="checkbox"/> Specialized Service Referral Form	<input type="checkbox"/> Other

Reporting Case Manager: _____

Date: _____

Assigned Case Manager: _____

Date: _____